| | | | | Application or Dockst Number | | | | |
|--|-------------------------------|----------------------------|--------|------------------------------|------------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECOF | | | | GEN-5339 DV | | | | |
| Enscive October 1, 2009 09/ 9/47/7 | | | | | | | D | |
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY | | | | | | | | |
| TOTAL CLAIMS | 12 | | RA | E FEE | 7 ¨ | RATE | FEE | |
| FOR | NUMBER FILED | AMBER FILED MANNEER EXTRA | | FEE 355.0 | o log | BASIC FEE | 710.00 | |
| TOTAL CHARGEABLE CLAIMS | /2 minus 20= * | | ХŞ | Q ₂₀ | OR | X\$18= | | |
| INDEPENDENT CLAIMS | 7 minus 3 = | | XA | | OR | XÁO. | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | +13 | 5. | OR | +270= | | |
| " If the difference in column 1 is less than zero, enter "O" in column 2 | | | | | }`` | | 710 | |
| CLAIMS AS AMENDED - PART II TOTAL OTHER THAN | | | | | | | | |
| (Column 1) (Column 2) (Column 3) | | | | LL ENTITY | OR | SMALL | | |
| CLAMS REMARKING AFTER AMENOMENT | HIGH MUM PREVI PAID | OUSLY EXTRA | RAT | ADDI- TIONA FEE | | RATE | ADDI- TIONAL FEE | |
| AFTER AMENOMENT Total • / 0 Independent • 3 | Minus - Z | 0 - | XS |)w | OR | X\$18= | | |
| 1 5 | Minus es | 3 • - | X40 | = | OR | X80= | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | 5.0 | OR | +270= | | |
| 0.5 | · | | TICOLA | YAL | OR | TOTAL ADDIT, FEE | | |
| 03 25 05 (Column 1) 9 10 (Column 2) (Column 3) | | | | | | | | |
| CAMS REMAINING AFTER AMENOMENT Total Independent O Independent | HIGH NUM PREVIO PAID | BER PRESENT DUSLY EXTRA | RAT | ADDI- TIONA FEE | | RATE | ADDI- TIONAL FEE | |
| Total • 9 | Minus - 6 | 0. | XS | 5 7 | OR | X\$18-/ | 5/ | |
| 3 <u> </u> | Minus ••• | 3 • | X40 | | OR | X80= | | |
| 1, 28 | | | | | OR | +270= | | |
| 1) 20 | • | • | | 7/1 | OR | 107/4 | | |
| 7-21-05 (Column 1) (Column 2) (Column 3) | | | | | | | | |
| CLAIMS CHAINING AFTER | PREVIO | BER PRESENT DUSLY ENTRA | RAT | |] | RATE | ADDI- TIONAL | |
| Total • // Independent • 9 | Minus - 2 | | XS 9 | FEE | 1 | X\$18= | FEE_/ | |
| Independent • 2 | Minus ··· 4 | 3 • / | X40 | - - / - | ОЯ | X30= | -/- | |
| PRIOR PRIESENTATION OF INCESTIFUE DEPENDENT COMM | | | | | | | / | |
| 1,28 | | | | | OR | +270= | | |
| "If the entry in column 1 is less than the entry in column 2, write "O' in column 3. "If the "Righted Mumber Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE | | | | | | | | |
| "If the "Righest Number Proviously Paid For" IN THIS SPACE is less than 3, enter "3." The "Righest Number Proviously Paid For" (Total or Independent) is the Nighest number found in the appropriate box in column 1. | | | | | | | | |

FORM PTO-475

Palent and Trademack Office, U.S. DEPARTMENT OF COMMERCE